



REPORT OF APPOINTMENT TO NON-TESTING CLASSIFICATION SUBJECT TO GOVERNMENT CODE 19063

The provisions of Government Code Section (GCS) 19063 require that all appointments to nontesting, seasonal or entry-level positions be documented to ensure that public assistance recipients under CALWORKs are provided with priority consideration.

I. Position & Appointment Information

1. Department:

2. Institution, Hospital or Facility (if applicable):

3. Position Number:

4. Non-Testing Classification of Hire:

5. Location (City) of Position Filled:

6. Effective Date of Hire:

7. Name of Person Hired:

8. Social Security Number:

9. Appointment Type:

☐ New Hire:

a. Is the person hired a CALWORKs recipient (or were they at the time job was offered)?

☐ Yes (Go to Section II)

☐ No (Answer Question b.)

b. Was this hire made from an established employment pool?

☐ Yes (Completed Form 264 - Side 2 & Go to Section II)

☐ No (Answer Question c.)

c. Was this hire made under the provisions of a waiver in order to address an emergency as described in Section 19063.3 of this Act?

☐ Yes (Notify the Joint Legislative Budget Committee within five days of date of hire of the circumstances justifying the need for the waiver and attach DPA waiver approval.)

☐ No (Completed Form 264 - Side 2)

☐ Rehire of Former Non-Testing Employee, in same classification, within 12 months of last date worked:

(Date Last Worked)

II. Documentation & Certification

I hereby certify, by signature below, that all requirements of GCS 19063 were applied to this hire and that required documentation, as applicable, is maintained on file.

Name & Title of Person Completing Form

(Telephone Number)

(Date)

**COMPLETED FORMS MUST BE RETAINED FOR SPB AUDIT PURPOSES FOR THREE (3) YEARS
AFTER THE APPOINTMENT DATE FOR WHICH IT WAS COMPLETED.**



**DOCUMENTATION FOR ESTABLISHMENT OF HIRING POOL
AND APPOINTMENT TO NONTESTING, SEASONAL & ENTRY-LEVEL
CLASSIFICATIONS SUBJECT TO GOVERNMENT CODE 19063**

Department:		Institution, Hospital or Facility (if applicable):				
Work Location (City) for Position/Hiring Pool:		Non-Testing Classification for Appointment/Hiring Pool:				
Number of Positions:	Estimated Hours per Month:	For Hiring Pools (if applicable): Date Pool Established: <input type="checkbox"/> New Pool <input type="checkbox"/> Merge With Existing Pool				
Location of Employment Development Department (EDD) One-Stop/Job Service Office Contacted:						
Date EDD Contacted:		Date Listed on CalJOBS:				
		Final Date for Accepting Applications:				
# of CALWORKS Applicants Referred by EDD:		# of CALWORKS Applicants Directly Replied:				
		# of non-CALWORKS Applicants Directly Replied:				
HIRING POOL OR APPOINTMENT APPLICANT DOCUMENTATION						
Name of Applicant	CALWORKS Applicant (Yes or No)	Placed in Pool or Hired (Yes-Give Date or No)	IF CALWORKS Applicant Not Placed in Pool/Hired, Specify Reason:			
			Did Not Appear	Does not Meet MQS	Waived Job Offer	Other (Specify)
Name & Title of Person Completing Form:			Telephone Number:		Date:	

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